2012 ENROLLMENT/CHANGE FORM BASIC LIFE AND AD&D, DEPENDENT LIFE, SUPPLEMENTAL LIFE & AD&D CHANGE

NEW ENROLLMEN	T

ANTHEM LIFE – ADMINISTRATOR
6740 N HIGH ST. – STE 200 – WORTHINGTON, OH 43085 FAX – (614) 433-8849 TOLL-FREE – (866) 227-4005

	/== \\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.										
EMPLOYEE NAME AND ADDRESS:						SPOUSE COVERAGE:					
☐ Check here if name or address has changed						☐ Check here if covering spouse for the first time or if spouse has changed					
Employee					Spouse Name:						
	Last First	M.	l.	'			ber:		Date of	Birth	
Social Se	curity Number			=							
Date of H	ire:			_	EMPLOYEE'S BENEFICIARY:						
Agency N	ame:		☐ Check here if changing beneficiary								
□ Male	☐ Female Date of Birth				Primary:						
					Primar		lame	Relatio	nshin	Age	
Address:								riorane	5110111p	7.90	
, 144, 000,				-	Contingent:						
O:t	State_		:_	-	Full Name Relationship Age					Age	
City:					(Dlos		eparate Benef	iciary Fo	rm if roat	petina differe	nt
	hone()			_			per plan.)	icial y i o	iiii ii requ	lesting unlerer	111
Work Ph	one ()	Ext_		-	Done		por piam,				
	PAGIO PI AN OPTICUO	ND ===	DI OVEE :	DEMUNIC	D 40"	D DI ANO S	FLEOT ONE OF TH	IE DAOIO S	LANIC		
	BASIC PLAN OPTIONS A	ND EM	PLOYEE F	PREMIUMS	S - BASI	C PLANS S	ELECT ONE OF TH	HE BASIC P	LANS		
	Life Insurance premium paid by the State.										
Plan 2	-6: Optional Life Insurance amounts, AD&D a	na Dep	endent co	verage, pa	iid by th	e employee	. Coverage is Gua	arantee Issi	ue.		
	Check where newly enrolling,	PL	.AN 1	PLAN 2		PLAN	3 PLAN 4		PLAN 5	PLAN 6	
	adding and cancelling Basic			□ NEW		□ NEW	□ NEW	□ NI	EW	□ NEW	
	Plan options.									□ ADD	
				□ CANC		□ CANCE			ANCEL	□ CANCEL	
	LIFE (State Paid)	\$ 20	,000	\$ 20,00	00	\$ 20,000		\$:	20,000	\$ 20,000	
99	ADDITIONAL LIFE					\$ 5,000	\$ 5,000			\$ 5,000	
Employee Paid	AD&D Accidental Death & Dismemberment			\$ 20,00	00		\$ 25,000	\$:	20,000	\$ 25,000	
<u> </u>	PER CHILD 15 days-26 yrs							\$	3,000	\$ 3,000	
	BI-WEEKLY DEDUCTION	\$	-	\$ 0.1	17	\$ 0.10	\$ 0.31	\$	0.38	\$ 0.52	
PLAN 7: SPOUSE	OPTIONAL LIFE INSURANCE PLAN FOR	DI AN	o. ODTIC	NAL LIEE	INCLID	ANCE AND	AD OD FOR FMRI	OVEE AND	OR CROUCE		
0. 0002		PLAN	18: OPTIC	MAL LIFE	INSUR	ANCE AND	AD&D FOR EMPLO	JIEE AND	OR SPOUSE		
	Life Insurance Benefit for the Spouse. Paid	If elected within 30 days of new hire eligibility for coverage, up to \$50,000 for Employee and \$25,000 for Spouse will be offered Guarantee Issue.									
by the er	mployee.	- 1) days of new hire	eligibility o	or any increa	se in coverage	
Premium	n deductions are based on spouse's age	Any amount elected for the first time after 30 days of new hire eligibility or any increase in coverage requires completion of an Evidence of Insurability form, is subject to underwriting approval, and is									
	increased automatically in accordance with dule below.	effective ONLY AFTER approval by Anthem Life. Therefore, payroll deductions will not begin until the State has been notified of its approval.									
the sche	dule below.	nas b	cennoun	••							
Coverag	e is Guarantee Issue.	-					oyee and/or Spous				
Spouse	coverage not available over age 70 and		Premium deductions are based on age and are increased automatically in accordance with the schedule below. Evidence of insurability is required for all new additions or increases in Plan 8.								
	es at age 70.	Employee coverage reduced by 50% at age 70 and terminates at retirement.									
		Spouse coverage not available over age 70 and terminates at age 70.									
	here newly enrolling, adding or cancelling pouse Life Insurance									1	
							ng or cancelling P	lan 8 Empl	oyee and/or	Spouse Term	
Life and AD&D Insurance											
	PLAN 7 – \$10,000 SPOUSE LIFE				- TERM LIFE AND AD&D						
ı	□ New Enrollment □ Add □ Cancel		EMPLO		1			SPOUSE			
			New	Add	С	ancel	ФОЕ COO	New	Add	Cancel	
					-		\$25,000 \$50,000				
					+		\$75,000				
							\$100,000				
					ı		, ,-,	ı		1	

Please see reverse for rates

Please sign authorization on reverse page

KEEP A COPY OF THIS FORM FOR YOURSELF -- FORWARD THE ORIGINAL FORM TO YOUR AGENCY HR/PAYROLL OFFICE. IF APPLYING FOR COVERAGE REQUIRING EVIDENCE OF GOOD HEALTH, ATTACH ANTHEMS' EVIDENCE OF INSURABILITY FORM WITH THIS APPLICATION FORM.

STATE OF NEW HAMPSHIRE 2012 BI-WEEKLY DEDUCTIONS BY PLAN

ANTHEM LIFE INSURANCE COMPANY

6740 N HIGH ST. – STE 200 – WORTHINGTON, OH 43085 FAX – (614) 433-8849 TOLL-FREE – (866) 227-4005

OPTIONAL PLANS AND PREMIUMS (Spouse coverage terminates at age70)

PLAN 7	- SPOUSE	PLAN 8 - EMPLOYEE AND/OR SPOUSE (Premiums are Per Person – Not Combined)							
Coverage:	\$10,000 Life	Coverage:	\$25,000 Life \$25,000 AD&D	\$50,000 Life \$50,000 AD&D	\$75,000 Life \$75,000 AD&D	\$100,000 Life \$100,000 AD&D			
If Spouse's age is:	Bi-Weekly Deduction	If age is:	Bi-Weekly Deduction	Bi-Weekly Deduction	Bi-Weekly Deduction	Bi-Weekly Deduction			
less than 30	\$.81	less than 30	\$1.14	\$2.28	\$3.43	\$4.57			
30-34	\$1.15	30-34	\$1.25	\$2.49	\$3.74	\$4.98			
35-39	\$1.64	35-39	\$1.56	\$3.12	\$4.67	\$6.23			
40-44	\$2.70	40-44	\$2.49	\$4.98	\$7.48	\$9.97			
45-49	\$3.47	45-49	\$3.53	\$7.06	\$10.59	\$14.12			
50-54	\$5.08	50-54	\$5.92	\$11.84	\$17.76	\$23.68			
55-59	\$8.68	55-59	\$10.28	\$20.56	\$30.84	\$41.12			
60-64	\$10.64	60-64	\$12.15	\$24.30	\$36.45	\$48.60			
65-69	\$10.64	65+	\$18.38	\$36.76	\$55.14	\$73.52			
Spouse coverage not Spouse coverage ten	t available over age 70. minates at age 70.	Employee coverage reduced by 50% at age 70 and terminates at retirement Spouse coverage not available over age 70 and terminates at age 70.							

Employee Acknowledgement and Payroll Deduction Authorization

I have been given the opportunity to enroll in the Supplemental Group Term Life and Dependent Life Insurance plans with the State of New Hampshire. I understand that if I apply for optional employee or spouse coverage under Plan 8 for amounts that exceed \$50,000 for myself and/or \$25,000 within 30 days of my new hire eligibility for coverage or for any Plan 8 after this period for myself or my spouse, I am required to provide evidence of good health (by attaching the Anthem Evidence of Insurability Form) that is satisfactory to the insurer and understand my request for coverage may be denied. Premium deductions for Plan 8 when evidence of good health is required shall go into effect ONLY AFTER approval by Anthem Life's underwriting.											
I authorize The State of New Hampshire to make the appropriate payroll deductions from my wages, and to increase deductions based on age as specified by the plan. I am performing all the duties of my occupation on a full-time basis.											
Employee Signature			Date	Er	mployee SS#	Spouse SS#	6# (Only if applying for coverage)				
AGENCY HR/PAYROLL USE ONLY											
First Payroll Deduction Basic Plan Deduction				Plans 7 Deduction	Plar	ns 8 Employee Coverage	Deduction	Plan 8 Spouse Coverage Deduction			
Check Of:	Pay Period:	Plan #	Amount	Amount	GI Amount	EOI Approval Date	EOI Amount	GI Amount	EOI Approval Date	EOI Amount	
Agency Name: Agency #:			Agency #:		GHRS Entered by (Sign	nature) :					

<u>EMPLOYEE:</u> KEEP A COPY OF THIS FORM FOR YOURSELF -- FORWARD THE ORIGINAL FORM TO YOUR AGENCY HR/PAYROLL OFFICE. IF APPLYING FOR COVERAGE REQUIRING EVIDENCE OF GOOD HEALTH, ATTACH ANTHEM EVIDENCE OF INSURABILITY WITH THIS APPLICATION FORM.

AGENCY HR/PAYROLL: INDICATE ABOVE ALL DEDUCTIONS ENTERED INTO GHRS. (PLAN 8 GI DEDUCTION AMOUNTS ARE TO BE ENTERED EFFECTIVE AS OF THE ELIGIBILITY DATE OF THE APPLICATION; PLAN 8 EOI DEDUCTION AMOUNTS ARE TO BE ENTERED EFFECTIVE AS OF THE APPROVAL FROM ANTHEM.) KEEP COPY IN EMPLOYEE FILE AND SEND ORIGINAL TO ANTHEM LIFE AT ADDRESS ABOVE.